Training

CAP OPERATIONAL MISSIONS

CAPR 50-15, 1 February 1996, is changed as follows:

1. Page-Insert Changes. New or revised material is indicated by an *.

Remove	Date	Insert
43 thru 44	1 Feb 96	43 thru 44

PAUL J. ALBANO, Sr., Colonel, CAP Executive Director

DAVID L. MILLER Chief of Mission Support Administration RICHARD L. ANDERSON, Brigadier General, CAP National Commander

OPR: DOS

Distribution: In accordance with CAPR 5-4

Customs: _		CIVIL AIR PATROL						
DEA/USFS		COUNTERDRUG APPLICATION/CLEARANCE SCREENING Date:						
Crew Positi	ion	(This to	(This form is subject to the Privacy Act of 1974, see reverse) (mm/dd/yy)				уу)	
	FIONS Fill in the sheet of papers.		answer is "no" or	"none", so state.	If additional space	; is needed, use	an	
1. NAME (Last, First, & MI) (Please Print) 2. HOME ADDRESS:								
STREET:								
3. Have you		en know by any otl	ner name?	1				
11 30, 3 ₁	Jeony.		'	CITY:	STATE:	ZIP:		
4. SOCIA	4. SOCIAL SECURITY NUMBER 5. PLACE OF B			6. DATE O				
7. HOME P	PHONE NUMI	BER 8. BUSINE	ESS PHONE NUMBE	ER 9. MALE FEMALE		'S LIC NO. & STA	TE	
				BELOW, IN REVE	RSE ORDER. BE	GIN AT THE TO	ЭP	
WITH DAT		ESENT ADDRESS	<u>S.</u>					
FROM	TO	l NU	JMBER AND STRE	EET	CITY	COUNTY	ST	
		 			 		-	
					l			
12. Have y	ou ever serve	I ed in the U.S.	13. Type o	of Discharge : HONO	LL ORABLEO	THER		
•		YES NO_		<u> </u>	explain on a separate	sheet and attach		
14. U. S. C	CITIZEN	YES						
NO NATURALIZED CERTIFICATE NO								
ALIE	N COU	NTRY OF BIRTH		REGI	ISTRATION NO			
15 EMPLO	YMENT:	Current Employer_					_	
		Employer Adress	3				_	
	Date EmployedType of Work						_	
16. Have NO_	•	•	ification card with plain, in detail, on s					
17. Do you	17. Do you now use or have you within the past year used any substance listed or any controlled substance that was not							
prescribed by a physician? NO YES (If YES, list the substance(s), and explain on separate sheet.)								
MARIJUANA COCAINE HEROIN HASHISH								
LSD OTHER SUBSTANCES (LIST EACH)								
18. ARREST: Have you ever been arrested, taken into custody, held for investigation, questioned by								
any law enforcement agency? (Indicate YES or NO in each block) If YES, a full explanation, including								
date(s)	date(s), reason and outcome, on a separate page, is REQUIRED!							
19. Have you applied for an FBI fingerprint screening with CAP? YES NO								

CIVIL AIR PATROL CD MISSION STATEMENT OF UNDERSTANDING

Pursuant to the Agreement among the Civil Air Patrol, Drug enforcement Administration, Customs Service, Forest Service and the Air Force, I may be asked to assist the Customs Service, Drug Enforcement Administration or Forest Service by providing and operating CAP aircraft for law enforcement officers who will conduct reconnaissance to detect illegal drug activity. I understand the dangers which may result from these patrol flights, which might put me in close proximity to armed drug traffickers. However, I agree I will neither possess nor use any weapons while on a Counterdrug (CD) mission, nor will I physically participate in arrest or detention procedures or search and seizure of evidence.

I further understand that due to the sensitive nature of this mission, a security screening of participating CAP members is required.

* * * * PRIVACY ACT STATEMENT * * *

Authority for Collecting Information: E. O. 10450; U.S.C. 1303-1305; 42 U.S.C. 2165 AND 2455; 22 U.S.C. 258 and 2519; 3301, 19 U.S.C. 1551, 1565, 1641; 19 CFR 122.42.

PURPOSE AND USE: Information provided on this form will be used to obtain information regarding your activities in connection with an investigation to determine:

- 1. Clearance to perform service for the Federal Government.
- 2. Security clearance or access.

The information obtained may be furnished to third parties as necessary in the fulfillment of official duties.

EFFECT of NONDISCLOSURE: Furnishing the required information is voluntary, but failure to provide all of the information for clearance or access, may result in the termination of your consideration for clearance.

I CERTIFY I HAVE READ THE **STATEMENT OF UNDERSTANDING** AND **THE PRIVACY ACT STATEMENT** ABOVE. THE STATEMENTS MADE BY ME ON THIS FORM ARE COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENT IN THIS APPLICATION MAY BE PUNISHED UNDER TITLE 18 U.S.C. 1001.

Applicant Signature		Date	
-	(PLEASE SIGN WITH INK)		
CAP WG/CC		Date	